

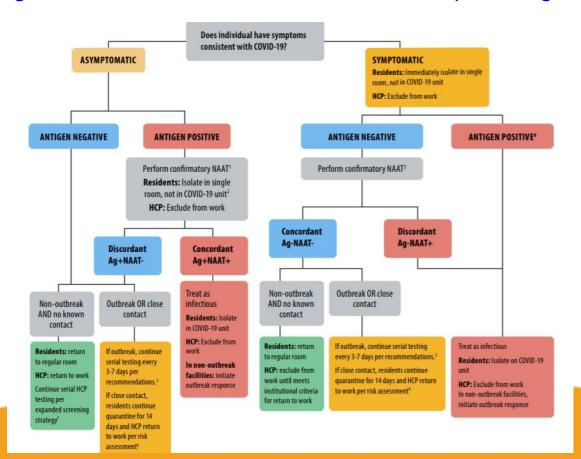
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CONSIDERATIONS FOR INTERPRETATION OF ANTIGEN TESTS IN LONG-TERM CARE FACILITIES

Antigen testing updated algorithm

https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf





<u>Updates to Antigen Testing Considerations</u>

Summary of Changes

Updates as of January 7, 2021

As of January 7, 2021

- Revised guidance on when to perform confirmatory tests. In general, asymptomatic
 people who test antigen positive should have a confirmatory test performed.
 Symptomatic people who test antigen negative should have a confirmatory test
 performed.
- Confirmatory test should be performed with nucleic acid amplifications tests (NAAT) such as reverse transcriptase polymerase chain reaction (RT-PCR).
- Expanded the intended audience to include all long-term care facilities, including nursing homes.
- Added links to <u>Point of Care Testing</u> and <u>Testing and Management Considerations for</u>
 <u>Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2</u>
 <u>and Influenza Viruses are Co-circulating</u>



Continue to refer to the CDC's vaccination <u>FAQ section</u> and <u>Toolkit</u> for updated vaccine guidance in long-term care facilities.

Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities



Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility



COVID-19 Vaccine: Expected Vaccine Availability in South Dakota

Phase	Population Group	January	February	March	April	May-December
1A	Frontline healthcare workers and long-term care facility healthcare workers					
1B	Long-term care residents					
we are here	EMS, public health workers, and other healthcare workers (lab & clinic staff)					
here	Law enforcement, correctional officers					
Starti	Persons aged 65 years and older Starting w/those 80 years of age and older (Age to be lowered in coming weeks)					
1D Starting January 18	High risk patients - dialysis, post-transplant, and active cancer					
ry 18	High risk residents in congregate settings					
	Persons with 2 or more underlying medical conditions					
1D	Teachers and other school/college staff					
	Funeral service workers					
1E	Fire service personnel					
16	Includes public-facing workers in essential and <u>critical infrastructure</u>	Esti	imated Vaccine Avai			
Phase 2	All others 16 years and older	Note: Tribal vaccine a Veteran vaccine				

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first.





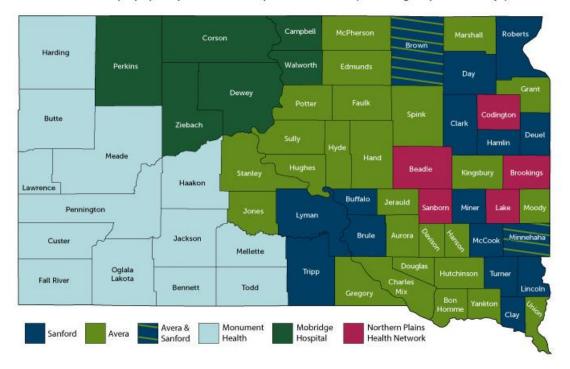
https://doh.sd.gov/documents/COVID19/Vaccine/COVID_ VaxAvailabilityTimeline.pdf

https://doh.sd.gov/COVID/Vaccine/Public.aspx

COVID-19 VACCINE PROVIDERS

VACCINE PROVIDERS BY COUNTY

Best viewed on a desktop/laptop computer or in landscape mode on mobile (i.e. holding the phone sideways).



https://doh.sd.gov/COVID/Vaccine/VaccineProviders.aspx



Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July-August 2020

Prestel C, Anderson E, Forsberg K, et al. Candida auris Outbreak in a COVID-19 Specialty Care Unit — Florida, July–August 2020. MMWR Morb Mortal Wkly Rep. ePub: 8 January 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7002e3external icon

- 35 of 67 patients were colonized with Candida auris in a specialty COVID unit resulting in a large outbreak.
- HCP were observed to wear multiple layers of PPE (gown and glove) throughout shift.
- While double gowning and gloving increase the *perception* of more protection, it is showing to be more harmful and causes more lapses in cross contamination.
- Multiple layers of PPE is still <u>NOT recommended</u> for COVID transmission-based precautions
- Lapses in cleaning and disinfection of shared medical equipment and lapses in adherence to hand hygiene likely contributed to widespread *C. auris* transmission.

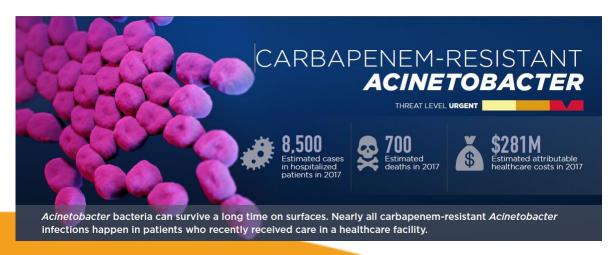




Increase in Hospital-Acquired Carbapenem-Resistant *Acinetobacter baumannii* Infection and Colonization in an Acute Care Hospital During a Surge in COVID-19 Admissions — New Jersey, February–July 2020

Stephen Perez, PhD^{1,2}; Gabriel K. Innes, VMD, PhD²; Maroya Spalding Walters, PhD³; Jason Mehr, MPH²; Jessica Arias²; Rebecca Greeley, MPH²; Debra Chew, MD⁴

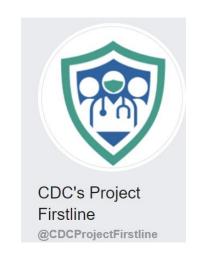
 A New Jersey hospital reported a cluster of 34 CRAB cases that peaked during a surge in COVID-19 hospitalizations. Strategies to preserve continuity of care led to deviations in IPC practices; CRAB cases decreased when normal operations resumed.





CDC's Infection Prevention Education: Project Firstline

In December, CDC's Project Firstline launched a video series for frontline healthcare workers called *Inside Infection Control*. The videos range from 3-5 minutes and are designed to answer common questions from frontline healthcare workers. New videos will be aired every Tuesday and Thursday starting January 12, 2021 on <u>Facebook</u>.









CDC COVID-19 Guidance: CDC continues to learn more about Coronavirus Disease 2019 (COVID-19) and guidance around infection prevention and control (IPC) for healthcare settings continues to be updated to reflect developing knowledge. Below is a list of some of the key healthcare IPC related guidance documents and resources that have been recently published or updated by CDC

Clinical FAQs – Testing in Nursing Homes (1/8/21)

Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes and other LTC Facilities (1/7/21)

Testing Guidelines for Nursing Homes (1/7/21)

FAQs about COVID-19 Vaccination in Long-Term Care Facilities (1/5/21)

Importance of COVID-19 Vaccination for Residents of Long-Term Care Facilities (12/28/20)

Responding to SARS-CoV-2 Infections in Acute Care Facilities (12/28/20)

LTCF Toolkit: Preparing for COVID-19 Vaccination at Your Facility (12/23/20)

Preparing LTCF Staff for COVID-19 Vaccination (12/23/20)

Interim IPC Recommendations for Healthcare Personnel During the COVID-19 Pandemic (12/14/20)

Interim Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (12/14/20)

Strategies to Mitigate Healthcare Personnel Staffing Shortages (12/14/20)

Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 (12/14/20)

Clinical FAQs - Infection Control (alternatives to 14-day quarantine) (12/14/20)

Post Vaccine Considerations for Healthcare Personnel (12/13/20)

Post Vaccine Considerations for Residents of Long-Term Care Facilities (12/13/20)

Clinical FAQs - Cleaning and Disinfection of Environmental Surfaces (12/7/20)

Guidance for Expanded Screening Testing to Reduce Silent Spread of SARS-CoV-2 (12/3/20)

Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic

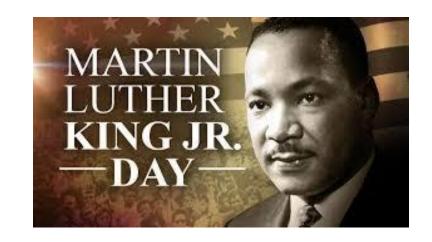
Testing (12/2/20)

Laboratory Guidance



SDPHL Holiday Schedule

- SDPHL will be closed for Martin Luther King Jr. Day on Monday, January 18.
- Specimens submitted on Friday/Saturday, January 15-16 will be tested on Tuesday, January 19.





Free SARS-CoV-2 Testing Opportunities



https://learn.vaulthealth.com/southdakota/



https://covid.sd.gov/drivethrutesting.aspx



SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to stock Abbott BinaxNOW COVID-19 Antigen test cards.
- BinaxNOW has been made available to healthcare providers, K-12 schools, childcare providers, and long-term care facilities in SD.
- SDDOH continues to accept requests for BinaxNOW antigen cards
 - Joan.Adam@state.sd.us
 - Laurie.Gregg@state.sd.us
 - Tim.Southern@state.sd.us
- Inquiries for BinaxNOW resources can also be directed to:
 - Dorothy.Ahten@abbott.com







COVID-19 Testing Reminders...

- SDPHL is migrating to a new molecular test that will detect SARS-CoV-2, influenza A, and influenza B. Submitters will receive both influenza and SARS-CoV-2 test results. from the SDPHL.
- SDDOH is conducting an influenza-like illness surveillance program during the 2020-2021 influenza season. Submitters may receive results for pathogens besides SARS-CoV-2.



Influenza B

Viruses

Parainfluenza Virus 1 Adenovirus Coronavirus HKU1 Parainfluenza Virus 2 Parainfluenza Virus 3 Coronavirus NL63 Parainfluenza Virus 4 Coronavirus 229E Respiratory Syncytial Virus Coronavirus 0C43 **Human Metapneumovirus**

Bacteria

Human Rhinovirus/Enterovi

Influenza A Bordetella pertussis Influenza A/H1 Bordetella parapertussis

Influenza A/H3 Chlamydia (Chlamydophila) pneumoniae

Influenza A/H1-2009 Mycoplasma pneumoniae



COVID-19 Testing Reminders...

- SDPHL now offers COVID-19 antibody testing.
 Criteria are as follows:
 - Tests: IgM; IgG
 - Acceptable Specimen Types: Serum or plasma
 - Required Specimen Volume: Minimum 1.5 ml
 - Test Results: Positive; Negative
 - Turn-Around Time: 48-72 hours
 - Cost: Free while federal funds are available
- Please use the previously published <u>SDPHL PUI</u>
 <u>Form</u> when submitting specimens for SARS-CoV-2 diagnostic testing.



VNG West Nile Virus IgG Ab

South Dakota Public Health Laboratory 615 E. Fourth Street Pierre, SD 57501 Phone 605-773-3368 Fax 605-773-8201

Lab Use Only

NATH BAKOTA HEALTH	Phone 605-773-3 www.state.sd.u								
Program Use Onl Public Health Ir CD Billing Cod Flu Surveillance Outbreak Patient Information: Patient Name: (L.	vestigation e Patient ID		Facility Addres City Phone Physici	ian/Cl	inician Na	ime		(MI)	
Patient's Address		Date of Birth		_	Age	Sex	Race	Ethnicity	
City		State Zip Code		Phone Number	7	Medicaid/Medicare Number			
Patient Data 1st COVID Test?	Symptom:	mptomatic? Yes No Unknown to of Onset? Yes No Unknown		Pregnant? □ Yes □ No □ Unknown					
Employed in Healthcare Resident of congregate	n Hospitaliz		□ Yes □ No □ Unknown □ Yes □ No □ Unknown		Diagnostic Code Disease Suspected				
Serum Whole Blood (EDT Quantiferon TB G Plasma	A) Venous/Capilla	ıry	Blood Bronch Was Cervical Ear Eye Nail	nich Wash NP Aspirate Sp vical NP Swab Sp OP Swab Str Pleural St			ctal Urethral inal fluid CSF Urine utum Vaginal ool isolate Fluid ool preserve Tissue hroat Wound		
VSB Hepatitis B Su HCV Hepatitis C Al VLG Lyme 1gG Ab VLM Lyme 1gM Ab VRO Measles 1gG (1) VMM Measles 1gM (1) VMS Mumps 1gG A VUM Mumps 1gM A VUM Mumps 1gM A VUM Rickettsial Ab	FilgM Ab M Ab G	GIP RIPP PCF MP DE3 Zike Zike Zike Zike Zike Zike Zike Zike	Influenza A/ SARS COV/ Gastrointe Respiratory Respiratory Measles P R Mumps F R Mumps F R Dengue lig M Zika lgM S Zika PCR OTHER D LEAD Blood Lead BACTERIOL Mycobacteri Mycobacteri Mycobacteri Mycobacteri Mycobacteri Countifero Chlamydia/C	2 PCR estinal Pathogo CCR CCR M Ab I Ab Serole OGY a Cultur a Reference in TB (Gonorrh in-trepon	on Profile on Profile on Profile on American concerned ID on One on		TERIOLOGY IMD Bacterial PR B pertussi PC B pertussi PC Coryneba EE E. coli 01: FILU Haemophi acim CRE Sc GR Neisseria	the laboratory at effore sending. I Misc. Culture ID is PCR is PCR is culture in the second of the	



BOP Ova & Parasite Exam

SARS-CoV-2 Genome Sequencing Initiatives

- SDPHL and CDC have initiated SARS-CoV-2 genome sequencing initiatives.
- These programs will allow SDPHL and CDC better insight into SAR-CoV-2 strains circulating in South Dakota as well as potential strain diversification.
- Early next week, SDPHL will reach out to select laboratories in South Dakota with a request to support these initiatives. SDPHL will ask for the following:
 - Five SARS-CoV-2-positive specimens from each participating facility.
 - Specimen collection date
 - Specimen cycle threshold values (for specimens tested by RT-PCR)
 - Select patient information (residence, race, ethnicity, gender, age)
 - Travel history and hospitalization information





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